

Jan-05-07 01:44pm From-BST&Z

JAN 05 2007 310 820 5988

T-472 P.001/005 F-770

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

TELEPHONE: (310) 207-3800

INTELLECTUAL PROPERTY LAW
12400 WILSHIRE BOULEVARD, 7TH FLOOR
LOS ANGELES, CA 90025

FACSIMILE: (310) 820-5988
(310) 820-5720

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From: Jonathan S. Miller, Reg. No. 48,534

Our Docket No.: 4346P001DC

Number of pages 5 including this sheet.

Application No.: 10/762,869

Filing Date: 1/21/2004

Docket Due Date(s): _____

Enclosed are the following documents:

- | | |
|--|---|
| <input type="checkbox"/> Amendment (____ pgs) | <input type="checkbox"/> Issue Fee Transmittal |
| <input type="checkbox"/> Appeal Brief (____ pgs) | <input type="checkbox"/> Notice of Appeal |
| <input type="checkbox"/> Application: _____
(____ pgs) w/cover & abstract) | <input type="checkbox"/> Petition for: _____ |
| <input type="checkbox"/> Assignment & Cover Sheet (____ pgs) | <input type="checkbox"/> Request for Continued Examination (RCE) |
| <input checked="" type="checkbox"/> Certificate of <u>FAX</u> | <input type="checkbox"/> Reply Brief (____ pgs) |
| <input type="checkbox"/> Continued Prosecution Application (CPA) | <input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i) |
| <input type="checkbox"/> Declaration & POA (____ pgs) | <input type="checkbox"/> Request to Rescind Previous Nonpublication Request |
| <input type="checkbox"/> Drawings: ____ sheets, ____ figures | <input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter |
| <input type="checkbox"/> Extension of Time: _____ | <input type="checkbox"/> Response to Written Opinion (____ pgs) |
| <input checked="" type="checkbox"/> Fee Transmittal (in duplicate) | <input type="checkbox"/> Terminal Disclaimer |
| <input type="checkbox"/> IDS & PTO/SB/08 (____ pgs) | <input type="checkbox"/> Transmittal of Publication Fee Due |
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CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)

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Melissa Stead
Melissa Stead

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JAN 05 2007

**FEE TRANSMITTAL
for FY 2006***Patent fees are subject to annual revision*☒ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	10/762,869
Filing Date	January 21, 2004
First Named Inventor	Elliot Gottfurcht
Examiner Name	
An Unit	
Attorney Docket No.	4346p001dc

METHOD OF PAYMENT (check all that apply)
☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
☐ Credit any overpayments**FEE CALCULATION**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) _____

SUBTOTAL (2) (\$)

SUBMITTED BY

Name (Print/Type) Jonathan S. Miller

Registration No.
(Attorney/Agent)

48,534

Complete (if applicable)

Telephone

(310) 207-3800

Signature

Date

1/9/07

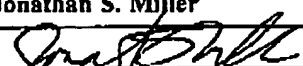
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FEE TRANSMITTAL for FY 2006 <small>Patent fees are subject to annual revision.</small>		<i>Complete if Known</i>	
		Application Number	10/762,869
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	January 21, 2004
		First Named Inventor	Elliot Gottfurcht
		Examiner Name	
		Art Unit	
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	4346p001dc

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input type="checkbox"/> Credit any overpayments	

Large Entity		Small Entity		Fee Description	Fee Paid
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1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify) _____					
SUBTOTAL (2)				(\$)	

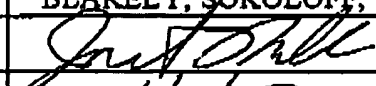
SUBMITTED BY		<i>Complete (if applicable)</i>	
Name (Print/Type)	Jonathan S. Miller	Registration No. (Attorney/Agent)	48,534
Signature		Telephone	(310) 207-3800
		Date	1/4/07

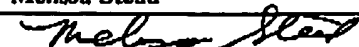
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	10/762,869
		Filing Date	January 21, 2004
		First Named Inventor	Elliot Gottfurcht
		Art Unit	
		Examiner Name	
Total Number of Pages in This Submission	4	Attorney Docket Number	4346P001DC

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Revocation and Power of Attorney with New Power of Attorney and Change of Correspondence Address form </div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jonathan S. Miller, Reg. No. 48,534 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	1/4/07

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PTO/SB/82 (01-08)

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**REVOCATION OF POWER OF
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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/782,889
Filing Date	January 21, 2004
First Named Inventor	Elliott Gottfrucht
Art Unit	
Examiner Name	
Attorney Docket Number	004348-P001DC

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

08791

☐ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number:

08791

OR

☒ Firm or
Individual Name Blakely, Sokoloff, Taylor & Zafman, LLP

Address 12400 Wilshire Boulevard, 7th floor

City Los Angeles

State CA

Zip 90025

Country U.S.A.

Telephone 310-207-3800

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**Signature 

Name Elliott Gottfrucht

Date 12.18.06

Telephone 310.466.1891

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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